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# Consultation EU Global Health Resilience Initiative

## German Alliance for Global Health Research (GLOHRA)

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### 1. About GLOHRA

The German Alliance for Global Health Research (GLOHRA) is an association of 1400+ researchers from 205+ public research institutions in Germany. We are committed to tackling today's global health challenges via interdisciplinary and collaborative global health research. GLOHRA is led by an interdisciplinary Steering Committee, featuring global health researchers from institutions across Germany, and coordinated by a Secretariat located at Charité - Universitätsmedizin Berlin. GLOHRA is funded by the Federal Ministry of Research, Technology and Space (BMFTR) and has received additional support from the Federal Ministry for Economic Cooperation and Development (BMZ) and the Gates Foundation

We welcome the European Commission's initiative to strengthen global health resilience. As a research network with strong ties to low- and middle-income country (LMIC) partners, we offer the following evidence-informed input to help shape an initiative that is both effective in health outcomes and rooted in equitable partnerships.

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### 2. Recommendations

#### Research Capacity in Partner Countries is a Prerequisite for Resilience

Resilient health systems cannot be built or sustained without in-country scientific and analytical capacity. External interventions - however well-funded - will remain fragile if the institutions and researchers who understand local disease burdens, health system dynamics, and community contexts are not empowered to lead. We therefore urge the initiative to:

- Explicitly recognize research and innovation capacity as a structural component of health system resilience, not a secondary add-on to service delivery.
- Ensure that funding instruments under the initiative support the long-term development of research partner institutions, including in LMICs, among others through direct funding channels.
- Design monitoring and evaluation frameworks that capture research capacity indicators alongside service delivery metrics.

#### Equitable Partnership Must Be Structural, Not Rhetorical

The initiative rightly highlights country-led health systems. Delivering on this vision requires moving beyond a model in which European institutions design global health programs and LMIC partners implement them. Structural equity means:



- Decision-making parity: LMIC partners should hold leadership roles in governance bodies, technical committees, and funding allocation mechanisms - not only in implementation.
- Intellectual property and data sovereignty: Research conducted in or on partner country populations should be governed by frameworks that protect LMIC institutions' rights over data, samples, and findings.
- Simplified access procedures: Administrative requirements that favor large European institutions effectively exclude smaller LMIC research bodies. The initiative should pilot streamlined eligibility and reporting requirements for LMIC partners.

### **Coordination with EU Research Programs Is Critical**

DG INTPA's initiative does not operate in isolation from the broader EU funding landscape. The upcoming Framework Program 10 (FP10), under DG RTD, and successor mechanisms to EDCTP3 represent substantial and complementary investments in global health research.

We urge the Commission to strengthen formal coordination mechanisms between DG INTPA and DG RTD to ensure that:

- Partner country capacity built through DG INTPA-funded initiatives can feed into, and benefit from, European research investments under FP10, strengthening end-to-end ecosystems that link scientific discovery to development, regulatory approval, manufacturing, delivery, equitable access and strong health systems.
- Health objectives pursued under this initiative are coherent with EDCTP3's successor and FP10 global health activities. European programs should be coordinated in a way that creates opportunities for applied health systems and implementation research.
- Joint programming approaches reduce transaction costs for LMIC partner institutions that currently navigate multiple, inconsistent and sometimes non-transparent funding systems. It would also be beneficial to expand funding opportunities that allow LMIC partners to act as lead applicants.
- For transparency and progress monitoring, the EU Global Health Resilience Initiative should be supported by a clear implementation framework, including measurable milestones, a robust evaluation mechanism, defined responsibilities, and regular progress reviews to ensure accountability and effective delivery.

### **Addressing Misinformation Requires Investing in Trusted Local Science**

The initiative identifies combating misinformation as a core objective. GLOHRA's experience underscores that trust in science and public health systems is built locally, over time, through institutions that communities recognize as legitimate and that respond to locally defined priorities. Sustainable responses to misinformation therefore require sustained investment in:

- Local science communication capacity embedded in LMIC research institutions.
- Community-engaged research that builds relationships of accountability between researchers and the populations they serve.



- South–South knowledge exchange platforms that reinforce the scientific credentials of LMIC researchers within their own regions.

### **Investing in Global Health Means Investing in the Health and Wellbeing of People Worldwide**

GLOHRA views global health funding first and foremost as an investment in solidarity and diplomacy - an expression of Europe’s commitment to the principle that health is a universal right, and that the wellbeing of populations beyond Europe’s borders is a shared responsibility, not a conditional interest. This framing reflects the foundational values of international development cooperation and is the basis on which the EU has built its credibility as a global health actor.

We recognize that global health engagement also produces important collateral benefits for Europe - in pandemic preparedness, in antimicrobial resistance containment, in the stability of partner regions, and in the credibility of European science and diplomacy. These benefits are real and worth communicating. However, framing global health investment primarily as an instrument of European competitiveness or security risks undermining the partnerships and trust on which its effectiveness depends.

We urge the Commission - and DG INTPA in particular, as the guardian of the EU’s development cooperation mandate - to resist the drift toward a logic of withdrawal and self-protection in global health. A global health resilience initiative premised on “fortress Europe” thinking would contradict the very architecture of international cooperation on which resilience depends. Health threats do not stop at borders, and neither can the solidarity that addresses them. We therefore urge that the initiative be explicitly framed around global solidarity, universal health equity, and the EU’s role as a trusted long-term partner - not primarily as a tool to advance European interests.

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## **3. Conclusion**

GLOHRA strongly supports the European Commission's ambition to strengthen global health resilience. We urge that the initiative be designed around the following principles: research capacity as infrastructure, not an afterthought; structural rather than rhetorical partnership equity; and deliberate coordination with the EU's research and innovation instruments.

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## **4. Contact**

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